

**Subject:** Temporomandibular Disorders  
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## Description

This document addresses temporomandibular joint (TMJ) and related musculoskeletal structure disorders commonly called temporomandibular disorders (TMD), a collective term for temporomandibular joint dysfunction (TMJD), temporomandibular joint (TMJ) syndrome, and craniomandibular disorder (CMD).

**Note:** Please refer to the following documents for additional information on related topics:

- CG-ANC-03 Acupuncture
- CG-DME-04 Electrical Nerve Stimulation, Transcutaneous, Percutaneous
- CG-MED-28 Iontophoresis
- CG-MED-65 Manipulation Under Anesthesia
- CG-SURG-84 Mandibular/Maxillary (Orthognathic) Surgery
- DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
- MED.00002 Selected Sleep Testing Services
- MED.00110 Silver-based Products for Wound and Soft Tissue Applications
- MED.00125 Biofeedback and Neurofeedback
- SURG.00140 Peripheral Nerve Blocks for Treatment of Neuropathic Pain
- SURG.00144 Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia

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**Note:**

- Pharmacologic therapy (that is, analgesics, anti-inflammatory drugs, and muscle relaxants) and therapeutic injections may be addressed in related pharmacy guidelines.
- See the applicable guidelines in use by the member's health plan for criteria addressing behavioral health and physical therapy services used to treat temporomandibular disorders.

**Clinical Indications**

**Medically Necessary:**

Intraoral appliances, including but not limited to occlusal splints, bite appliances, and mandibular occlusal repositioning appliances, are considered **medically necessary** for temporomandibular disorders.

~~Nonsurgical treatments are considered **medically necessary** for temporomandibular disorders include the following:~~

~~A. Behavioral therapy;~~

~~B. Reversible, removable, intraoral appliances including but not limited to occlusal splints, bite appliances and mandibular occlusal repositioning appliances;~~

~~C. Physical therapy.~~

The following surgical procedures **are** considered **medically necessary** for temporomandibular disorders when "Criteria A and B" listed below are met include the following:

- A. Arthrocentesis; **or**
- B. Arthroscopic surgery; **or**
- C. Manipulation for reduction of fracture or dislocation; **or**
- D. Open surgical procedures, including arthroplasty, condylectomy, modified condylotomy, disc or meniscus plication, and disc removal when the temporomandibular disorder is the result of congenital anomalies, disease, or trauma; **or**
- E. TMJ arthroplasty with prosthetic implants.

**Criteria A and B:**

- A. Temporomandibular joint internal derangement or other structural joint disorder is documented as evidenced by **BOTH** of the following:

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1. Completion of skeletal growth for individuals under age 18 with long bone x-ray or serial cephalometrics showing no change in facial bone relationships over the last 3- to 6- month period (Note: individuals age 18 and older do not require this documentation); **and**
  2. Computed tomography (CT), magnetic resonance imaging (MRI), or x-ray of the temporomandibular joint documents joint pathology (for example, arthritis, bone cyst, fracture, meniscal abnormality, or tumors);
- and**
- B. Temporomandibular joint pain is due to a maxillary or mandibular skeletal deformity **OR** the individual has a clinically significant functional impairment refractory to at least 6 months of non-surgical treatment that included at least **ONE** of the following:
1. Behavioral therapy; **or**
  2. Pharmacologic therapy (that is, analgesics, nonsteroidal anti-inflammatory drugs, muscle relaxants); **or**
  3. Physical therapy; **or**
  4. Reversible, removable, intraoral appliances such as removable splints; **or**
  5. Therapeutic injections.

**Not Medically Necessary:**

The following ~~Non~~onsurgical treatments are considered **not medically necessary** for temporomandibular disorders include, but are not limited to, the following:

- ~~A. Biofeedback;~~
- ~~B. Laser therapies (low [cold] and high power);~~
- ~~C. Dental devices for joint range of motion or for development of muscles used in jaw function;~~
- ~~D. Dental prostheses (for example, dentures; implants);~~
- ~~E. Dental restorations (for example, bridgework; crowns);~~
- ~~F.A. Electrogalvanic stimulation (EGS); or~~
- ~~G. Iontophoresis;~~
- ~~H.B. Jaw motion rehabilitation systems; or~~
- ~~I. Mandibular advancement repositioning devices for snoring and obstructive sleep apnea;~~
- ~~J.C. Occlusal equilibration, bite adjustment, irreversible occlusion therapy.~~
- ~~K. Orthodontic services such as braces, retainers, aligners and devices used to facilitate orofacial reorganization and oral motor function;~~

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- ~~L. — Prolotherapy;~~
- ~~M. — Transcutaneous electrical nerve stimulation (TENS);~~
- ~~-~~

Surgical procedures for temporomandibular disorders are considered **not medically necessary** when the above criteria are not met, ~~and for other procedures including, but not limited to, the following:~~

- ~~B. Dental implants;~~
- ~~C. Dental restorations;~~
- ~~D. Extraction of wisdom teeth;~~
- ~~E. Orthodontic services.~~

#### **Diagnostic Testing:**

The following diagnostic tests and procedures are considered **not medically necessary** when used to diagnose or evaluate temporomandibular disorders:

- A. Computerized mandibular scan (intended to document deviations in occlusion and muscle spasm by recording muscle activity related to mandibular movement or positioning); or
- B. Intra-oral tracing or gothic arch tracing (intended to document deviations in jaw positioning); or
- C. Electromyography (including percutaneous or surface electrode methods); or
- D. Kinesiography; or
- E. Laryngeal function studies; or
- F. Rhinomanometry; or
- G. Somatosensory testing/neuromuscular junction testing; or
- ~~H. Sonogram (ultrasonic Doppler auscultation);~~
- ~~I. H. Swallowing studies or tests; or~~
- ~~J. Standard dental x rays;~~
- ~~K. I. Thermography;~~
- ~~L. Transcranial or lateral skull x-ray.~~

#### **Coding**

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The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

### When services are Medically Necessary:

#### HCPCS

|       |   |
|-------|---|
| D7880 | Occlusal orthotic device, by report [when specified as removable TMJ splints, mandibular occlusal repositioning appliances] |
| D9130 | Temporomandibular joint dysfunction—non invasive physical therapies   |
| D9920 | Behavior management, by report  |

#### ICD-10 Diagnosis

|                |                                   |
|----------------|-----------------------------------|
| M26.601-M26.69 | Temporomandibular joint disorders |
|----------------|-----------------------------------|

### When services may be Medically Necessary when criteria are met:

#### CPT

|       |  |
|-------|--|
|       | <i>Including, but not limited to, the following:</i>   |
| 20605 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance [when specified as temporomandibular joint aspiration]                                      |
| 20606 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting [when specified as temporomandibular joint aspiration] |
| 21010 | Arthrotomy, temporomandibular joint  |
| 21050 | Condylectomy, temporomandibular joint (separate procedure)   |
| 21060 | Meniscectomy, partial or complete, temporomandibular joint (separate procedure)  |
| 21073 | Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)  |

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|       |  |
|-------|--|
| 21110 | Application of interdental fixation device for conditions other than fracture or dislocation, includes removal |
| 21116 | Injection procedure for temporomandibular joint arthrography   |
| 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)  |
| 21240 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)                    |
| 21242 | Arthroplasty, temporomandibular joint, with allograft  |
| 21243 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement                                       |
| 29800 | Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)         |
| 29804 | Arthroscopy, temporomandibular joint, surgical   |

#### **HCPCS**

|       |   |
|-------|---|
| D7810 | Open reduction of dislocation                               |
| D7820 | Closed reduction of dislocation                             |
| D7830 | Manipulation under anesthesia                               |
| D7840 | Condylectomy  |
| D7850 | Surgical discectomy, with/without implant                   |
| D7852 | Disc repair   |
| D7854 | Synovectomy   |
| D7856 | Myotomy   |
| D7858 | Joint reconstruction  |
| D7860 | Arthrotomy  |
| D7865 | Arthroplasty  |
| D7870 | Arthrocentesis  |
| D7871 | Nonarthroscopic lysis and lavage                            |
| D7873 | Arthroscopy- surgical: lavage and lysis of adhesions        |
| D7874 | Arthroscopy- surgical: disc repositioning and stabilization |
| D7875 | Arthroscopy- surgical: synovectomy                          |
| D7876 | Arthroscopy- surgical: discectomy                           |
| D7877 | Arthroscopy- surgical: debridement                          |

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|       |   |
|-------|---|
| D7880 | Occlusal orthotic device, by report [when specified as removable TMJ splints, mandibular occlusal repositioning appliances] |
| D7899 | Unspecified TMD therapy, by report  |
| D9950 | Occlusion analysis mounted case   |
| D9951 | Occlusal adjustment limited   |
| D9952 | Occlusal adjustment complete  |

### ICD-10 Procedure

|                 |   |
|-----------------|---|
| 0RBC0ZZ         | Excision of right temporomandibular joint, open approach  |
| 0RBC3ZZ         | Excision of right temporomandibular joint, percutaneous approach  |
| 0RBC4ZZ         | Excision of right temporomandibular joint, percutaneous endoscopic approach   |
| 0RBD0ZZ         | Excision of left temporomandibular joint, open approach   |
| 0RBD3ZZ         | Excision of left temporomandibular joint, percutaneous approach   |
| 0RBD4ZZ         | Excision of left temporomandibular joint, percutaneous endoscopic approach  |
| 0RQC0ZZ-0RQC4ZZ | Repair right temporomandibular joint [includes codes 0RQC0ZZ, 0RQC3ZZ, 0RQC4ZZ]   |
| 0RQD0ZZ-0RQD4ZZ | Repair left temporomandibular joint [includes codes 0RQD0ZZ, 0RQD3ZZ, 0RQD4ZZ]  |
| 0RSC04Z-0RSCXZZ | Reposition right temporomandibular joint [includes codes 0RSC04Z, 0RSC0ZZ, 0RSC34Z, 0RSC3ZZ, 0RSC44Z, 0RSC4ZZ, 0RSCX4Z, 0RSCXZZ]          |
| 0RSD04Z-0RSDXZZ | Reposition left temporomandibular joint [includes codes 0RSD04Z, 0RSD0ZZ, 0RSD34Z, 0RSD3ZZ, 0RSD44Z, 0RSD4ZZ, 0RSDX4Z, 0RSDXZZ]           |
| 0RUC07Z-0RUC4KZ | Supplement right temporomandibular joint [includes codes 0RUC07Z, 0RUC0JZ, 0RUC0KZ, 0RUC37Z, 0RUC3JZ, 0RUC3KZ, 0RUC47Z, 0RUC4JZ, 0RUC4KZ] |
| 0RUD07Z-0RUD4KZ | Supplement left temporomandibular joint [includes codes 0RUD07Z, 0RUD0JZ, 0RUD0KZ, 0RUD37Z, 0RUD3JZ, 0RUD3KZ, 0RUD47Z, 0RUD4JZ, 0RUD4KZ]  |

### ICD-10 Diagnosis

|        |  |
|--------|--|
| G44.89 | Other headache syndrome                      |
| M19.09 | Primary osteoarthritis, other specified site |
| M19.91 | Primary osteoarthritis, unspecified site     |

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|                   |  |
|-------------------|--|
| M26.50-M26.59     | Dentofacial functional abnormalities                                       |
| M26.601-M26.69    | Temporomandibular joint disorders  |
| M79.10-M79.12     | Myalgia, unspecified; mastication muscle; auxiliary muscles, head and neck |
| S03.00XA-S03.03XS | Dislocation of jaw   |

**When services are Not Medically Necessary:**

For the procedure and diagnosis codes listed above when criteria are not met.

**When services are also Not Medically Necessary:**

For the diagnosis codes listed above for TMD and related diagnoses, for the following procedure codes; or when the code describes a procedure designated in the Clinical Indications section as not medically necessary.

**CPT**

97033

Application of a modality to one or more areas; iontophoresis, each 15 minutes

**HCPCS**

D9950

Occlusion analysis- mounted case

D9951

Occlusal adjustment- limited

D9952

Occlusal adjustment- complete

E1700

Jaw motion rehabilitation system

E1701

Replacement cushions for jaw motion rehabilitation system, package of 6

E1702

Replacement measuring scales for jaw motion rehabilitation system, package of 200

**Discussion/General Information**

Temporomandibular disorders (TMD) is a collective term for temporomandibular joint dysfunction (TMJD), temporomandibular joint (TMJ) syndromes, and craniomandibular disorder (CMD), that includes a variety of medical and dental conditions involving the masticatory muscles and the temporomandibular joint, as well as contiguous tissue components. The prevalence of TMJD is in the range of 5 to 12% (NIDCR, 2018a). The incidence is higher in younger individuals and in women (NIDCR, 2018). Although some cases can be linked to physical trauma or disease conditions, in most cases the cause is unknown.

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The most frequent presenting symptom associated with TMD is pain, usually localized to the muscles of mastication, the preauricular area, and/or the TMJ. This pain may be related to trauma, (such as a blow to the face), inflammatory or degenerative arthritis, or may be due to the mandible being pushed back towards the ears whenever the individual chews or swallows. Sometimes, muscles around the TMJ used for chewing can go into spasm, causing head and neck pain and difficulty opening the mouth normally. Other common complaints reported by individuals include earache, headache, and facial pain. Individuals may also have limited or asymmetric jaw movement and joint sounds that are usually described as clicking, popping, grating, or crepitus in the TMJ.

Conservative therapy is the mainstay in treating TMD. This therapy may include behavioral change, medical therapy (e.g., oral medications for pain, anti-inflammatory injections, and reversible, removable, intraoral dental splints [also called occlusal orthotics or occlusal splints]). Surgical treatments, often irreversible, may be recommended for difficult or unresponsive cases. There are no standards to identify people who would most likely benefit from surgery. A review of available published evidence regarding the safety and efficacy of various medical and surgical treatment modalities for TMJ revealed inconsistent methodologies in study design and significant variation of improved clinical outcomes (Al-Moraissi, 2017; Bouchard, 2017; Fritton, 2010; List, 2010; Nandhini, 2018; Schiffman, 2007; Tatli, 2017; Truelove, 2006; Zhang, 2020).

In 2014, Schiffman and colleagues found that, although the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) Axis I diagnostic algorithms have been reliable, they were below the target sensitivity of greater than or equal to 0.70 and specificity of greater than or equal to 0.95. This empirical finding prompted a revision. The newly recommended Diagnostic Criteria for TMD (DC/TMD) Axis I include both a valid screening protocol for detecting any pain-related TMD, as well as valid diagnostic criteria for differentiating the most common pain-related TMD (sensitivity greater than or equal to 0.86, specificity greater than or equal to 0.98). The authors stated:

TMD is the second most common musculoskeletal condition (after chronic low back pain) resulting in pain and disability... Taken together, a new dual-axis Diagnostic Criteria for TMD (DC/TMD) will provide evidence-based criteria for the clinician to use when assessing patients, and will facilitate communication regarding consultations, referrals, and prognosis.

In 2017, the American Academy of Oral and Maxillofacial Surgeons (AAOMS) issued Parameters of Care (6<sup>th</sup> edition) which stated the following:

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Temporomandibular joint (TMJ) surgery is indicated for the treatment of a wide range of pathologic conditions, including developmental and acquired deformities, internal derangements, arthritis, functional abnormalities, ankylosis, and infection...Surgical intervention for internal derangement is indicated only when nonsurgical therapy has been ineffective and pain and/or dysfunction are moderate to severe. Surgery is not indicated for asymptomatic or minimally symptomatic patients. Surgery also is not indicated for preventive reasons in patients without pain and with satisfactory function. Pretreatment therapeutic goals are determined individually for each patient.

The National Institute of Dental and Craniofacial Research (2018b) states the following on temporomandibular joint and muscle disorders:

Because more studies are needed on the safety and effectiveness of most treatments for jaw joint and muscle disorders, experts strongly recommend using the most conservative, reversible treatments possible. Conservative treatments do not invade the tissues of the face, jaw, or joint, or involve surgery. Reversible treatments do not cause permanent changes in the structure or position of the jaw or teeth. Even when TMJ disorders have become persistent, most patients still do not need aggressive types of treatment. Because the most common jaw joint and muscle problems are temporary and do not get worse, simple treatment may be all that is necessary to relieve discomfort. Short term use of over-the-counter pain medicines or nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen; the use of a stabilization splint, or bite guard, that fits over upper or lower teeth may provide relief. If a stabilization splint is recommended, it should be used only for a short time and should not cause permanent changes in bite. Studies of their effectiveness in providing pain relief have been inconclusive. Surgical treatments are controversial, often irreversible, and should be avoided where possible. There have been no long-term clinical trials to study the safety and effectiveness of surgical treatments for TMJ disorders. Additionally, surgical replacement of jaw joints with artificial implants may cause severe pain and permanent jaw damage. Some of these devices may fail to function properly or may break apart in the jaw over time (NIDCR, 2018).

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Several devices ~~that~~ have obtained pre-market approval or clearance from the U.S. Food and Drug Administration (FDA) for the surgical treatment of TMD. ~~include, but are not limited to, the TMJ Concepts Patient Fitted TMJ Reconstruction Prosthesis (TMJ Concepts, Camarillo, CA); the TMJ Partial Temporomandibular Joint Replacement System, TMJ Fossa Eminence Prosthesis System™ and the TMJ Patient Specific Fossa Eminence Prosthesis System™ (TMJ Implants, Inc., Golden, CO); and the Total Temporomandibular Joint (TMJ) Replacement System (Biomet Microfixation [formerly Walter Lorenz Surgical, Inc.], Jacksonville, FL).~~ The FDA-approved labeling for ~~each of~~ these devices has similar indications. ~~Ho~~; however, the published evidence evaluating clinical outcomes of these devices is limited and clinical utility has not been empirically established.

### Definitions

**Analgesics:** Medications that provide pain relief.

**Arthroplasty:** Surgery to relieve pain and restore range of motion by realigning or reconstructing a joint.

~~**Behavioral therapy:** Therapy aimed to help people examine those behaviors and emotions that have a negative impact on their lives and make a conscious effort to bring about positive changes.~~

**Craniomandibular disorder (CMD):** A dental term used to describe diseases or disorders of the muscles of the head and neck, with special reference to the masticatory (chewing) muscles.

**Disc:** Shortened terminology for an intervertebral disc or a TMJ disc; a disk-shaped piece of specialized tissue that separates the bones and provides a cushion between the bones.

**Mandible:** Bone of the lower jaw.

**Meniscus:** A cartilage pad between the two joint surfaces within the TMJ, acting as a smooth surface for the joint to move on.

**Modified condylotomy:** An extra-articular surgical procedure used to manage TMJ dysfunction. The primary purpose of the procedure is to increase joint space by allowing the mandibular condyle to move inferiorly with respect to both the articular disc and eminence.

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Occlusal orthotic device: A dental term used to describe a reversible, removable intraoral appliance, such as a splint.

Orthodontics: The specialty of dentistry dealing with the prevention and correction of abnormally positioned or aligned teeth.

~~Physical therapy: A branch of rehabilitative health that uses specially designed exercises and equipment to help individuals regain or improve their physical abilities.~~

Temporal bone: A large, irregular bone situated at the base and side of the skull; connected with the mandible via the TMJ.

Temporomandibular joint (TMJ): Joint that hinges the mandible to the temporal bone of the skull; one of the most frequently used joints in the entire body, moving whenever a person eats, drinks, or talks.

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# Clinical UM Guideline

## Temporomandibular Disorders

CG-SURG-09

(International Association for Dental Research) and Orofacial Pain Special Interest Group (International Association for the Study of Pain). J Orol Fac Pain Headache. 2014; 28(1):6-27.

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Total Temporomandibular Joint (TMJ) Replacement System

**The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.**

### History

| Status                  | Date                       | Action   |
|-------------------------|----------------------------|--|
| <a href="#">Revised</a> | <a href="#">11/10/2022</a> | <a href="#">Medical Policy &amp; Technology Assessment Committee (MPTAC) review. Moved content related to iontophoresis to CG-MED-28. Removed content from MN and NMN statements that are addressed in other documents. Updated formatting in Clinical Indications section. Updated Description, Discussion, References and Index sections. Updated Coding section, removed 97033, D9130, D9920 no longer addressed.</a> |
| Reviewed                | 2/17/2022                  | <del>Medical Policy &amp; Technology Assessment Committee (MPTAC)</del> review. Updated References sections.   |

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| Revised  | 02/11/2021 | MPTAC review. Added “or’s” to list of surgical procedures in medically necessary statement. Edited criterion B in medically necessary statement on surgical procedures for clarification. Modified ‘not medically necessary’ statement on surgical procedures to include “when the above criteria are not met”. Discussion/General Information and References sections updated. Reformatted Coding section. |
|          | 10/01/2020 | Updated Coding section with 10/01/2020 ICD-10-CM changes; added M19.09.   |
| Revised  | 02/20/2020 | MPTAC review. Pharmacologic therapy and therapeutic injections removed from medically necessary statement on nonsurgical treatments. Intra-articular injections of hyaluronic acid removed from not medically necessary statement. Discussion/General Information and References sections updated.  |
|          | 10/01/2019 | Updated Coding section to correct ICD-10-CM diagnosis codes S03.00XA-S03.03XS.  |
| Revised  | 03/21/2019 | MPTAC review. Clarified MN and NMN criteria and removed requirement for FDA approval. Description, Discussion/General Information, and References sections updated. Updated Coding section; removed D9940 deleted 12/31/2018; added 97033, D9130, D9920.  |
|          | 09/20/2018 | Updated Coding section with 10/01/2018 ICD-10-CM diagnosis code changes; added M79.10-M79.12 replacing M79.1.   |
| Reviewed | 03/22/2018 | MPTAC review. The document header wording updated from “Current Effective Date” to “Publish Date.” Discussion/General Information and References sections updated.  |
| Revised  | 05/04/2017 | MPTAC review. Modified condylotomy was added to the surgical procedures for TMD considered medically necessary when criteria are met. References and Coding sections were updated.  |
| Reviewed | 11/03/2016 | MPTAC review. Updated the formatting of the Clinical Indications section. The Discussion section and References were updated.   |
|          | 10/01/2016 | Updated coding section with 10/01/2016 ICD-10-CM changes.   |

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| Reviewed | 11/05/2015 | MPTAC review. References were updated. Removed ICD-9 codes from Coding section.   |
|          | 07/01/2015 | Updated Coding section with 07/01/2015 HCPCS changes; removed S8262 deleted 06/30/2015.   |
| Reviewed | 11/13/2014 | MPTAC review. Discussion and References sections were updated. Updated Coding section with 01/01/2015 CPT changes.  |
| Reviewed | 11/14/2013 | MPTAC review. Discussion section and References were updated.   |
| Reviewed | 11/08/2012 | MPTAC review. References were updated.  |
| Reviewed | 11/17/2011 | MPTAC review. Discussion and References were updated.   |
| Revised  | 11/18/2010 | MPTAC review. Revised Subject of document to: Temporomandibular Disorders. Clarified wording throughout the Clinical Indications, changing 'temporomandibular dysfunction' to 'temporomandibular disorders.' Revised medically necessary criteria for surgical intervention specific to the age requirement for documented radiograph proof of completion of skeletal growth as follows: "Completion of skeletal growth for individuals under age 18 with long bone x-ray or serial cephalometrics showing no change in facial bone relationships over the last three to six month period (Note: individuals age 18 and older do not require this documentation)." Alphabetized, formatted and reordered document Clinical Indications without additional revisions to the document criteria. Updated Description, Coding, Discussion, Definitions, and References. |
|          | 10/01/2010 | Updated Coding section with 10/01/2010 ICD-9 changes.   |
| Reviewed | 11/19/2009 | MPTAC review. Updated References and Coding.  |
| Reviewed | 11/20/2008 | MPTAC review. Updated Discussion and References.  |
| Reviewed | 11/29/2007 | MPTAC review. Updated References and Coding to include 01/01/2008 CPT changes.  |
| Reviewed | 12/07/2006 | MPTAC review. Updated References.   |
| Revised  | 12/01/2005 | MPTAC review. Revision based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.   |

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# Clinical UM Guideline

## Temporomandibular Disorders

CG-SURG-09

| Pre-Merger Organizations        | Last Review Date | Document Number    | Title   |
|---------------------------------|------------------|--------------------|---|
| Anthem, Inc.                    | N/A              | N/A                | N/A   |
| Anthem Northeast (Maine)        | None             | BD                 | TMJ (Temporomandibular Joint Syndrome) Benefit Detail   |
| Anthem Midwest                  | 08/06/2004       | MA-037             | Temporomandibular Joint Dysfunction (TMD), Temporomandibular Joint Syndrome (TMJ, Craniomandibular Disorder (CMD) |
| WellPoint Health Networks, Inc. | 09/23/2004       | Clinical Guideline | Temporomandibular Joint Arthroplasty  |

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